

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) UAB-15102/22
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">In re Application of</div> <div style="width: 70%;">Jay M. Meythaler et al.</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Application Number 10/049,327-Conf. #3596</div> <div style="width: 40%;">Filed May 15, 2002</div> </div>		
For Method of treating traumatic brain and spinal cord injuries and other neurogenic conditions using non-steroidal anti-inflammatory drugs and naturally occurring conotoxins		
Art Unit 1628		Examiner K. A. Cruz
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,080.00</p> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 540.00 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 07-1180. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550. </div> <p style="margin-top: 10px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <div style="margin-top: 10px;"> <input type="checkbox"/> applicant/inventor. /Avery N. Goldstein, Ph.D./ Signature </div> <div style="margin-top: 10px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Avery N. Goldstein, Ph.D. Typed or printed name </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> attorney or agent of record. September 3, 2010 Date </div> <div style="margin-top: 10px;"> Registration number 39,204 </div> <div style="margin-top: 10px;"> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. (248) 647-6000 Telephone number </div> <div style="margin-top: 10px;"> Registration number if acting under 37 CFR 1.34. </div> <p style="margin-top: 10px; font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <div style="margin-top: 10px;"> <input type="checkbox"/> *Total of 1 forms are submitted. </div>		